Facsimile Transmission

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THIS MESSAGE IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE RECIPIENT OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY FROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U. S. POSTAL SERVICE. THANK YOU.

NAME:	Claudia Sainsot
FIRM:	Illinois Commerce Commission
TELEPHONE:	217-782-2024
FAX NUMBER:	312814-7289
FROM:	Charlotte Lacey, Legal Assistant to Lance J.M. Steinhart, Esq.
DATE:	April 27, 2000
TOTAL NUMBER OF PA	AGES INCLUDING THIS COVER LETTER:
MESSAGE:	Please see the attached for Broadview Networks, Inc. 7

Date 124/22 Reporter

Exhibit No. 30

Lance J.M. Steinhart

Attorney At Law 6455 East Johns Crossing Suite 285 Duluth, Georgia 30097

Also Admitted in New York and Maryland

Telephone: (770) 232-9200 Facsimile: (770) 232-9208

March 3, 2000

VIA FEDERAL EXPRESS

George H. Ryan Secretary of State Department of Business Services Springfield, IL 62756 (217) 782-1834

Re: Certificate of Authority for Broadview Networks, Inc.

Dear Sir:

Enclosed please find the following documents:

- 1. Original and one copy of the Application for Certificate of Authority of a Foreign Corporation;
- 2. Certified Articles of Incorporation; and
- a check in the amount of \$100 payable to the Secretary of State in payment of the filing fee and the issuance of the Certificate of Authority

If any additional information is needed, please call. A prepaid envelope is provided herein for your use in returning the Certificate of Authority to the undersigned. Thank you for your kind assistance.

Respectfully,

Charlotte Lacey

Legal Assistant

Enclosures

cc: Mr. Scott Matukas (w/enc)

National Corporate Research, Ltd. (w/enc)

278 6391 897

283 0040 875

	BCA-13.15 (Jan. 1995)	APPLICATION FOR C OF AUTHORIT TRANSACT BUSINES	SUBMIT IN DUPLICATE!				
George H. Ryan		This space for use by So	ecretary of State	This space for use by Secretary of State			
Secretary of State Department of Business Services		Tills spares for and all the		Date	Ordie		
Payment of Business Services Springfield, IL 62756 Telephone (217) 782-1834 Payment must be made by ceptified check cashiers check lithous attorneys the killings attorneys the killings attorneys order payable to "Septemy of State"				License Fee	S		
		·		Franchise Tax	\$		
				Filing Fee	\$		
				Penalties Approved:	\$		
1.	(a) CORPORATE NAME:	roadylew Networks, Inc.	/ 3,7				
	(Complete item 1 (b) only if the corporate name is not available in this state.)						
	(b) ASSUMED CORPORATE NAME: (By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the transaction of business in Illinois. Form BCA 4.15 is attached.)						
		New York					
2.	(a) State or Country of Incorporation: New York						
	(b) Date of Incorporation:	notual Control					
	(c) Period of Duration: per	widai					
3.	(a) Address of the principal office, wherever located: (b) Address of principal office in Illinois:						
	45-18 Court Square Suite 403 None (If none, so state)						
	Long Island N	Y 11101					
4.	Name and address of the reg	istered agent and registered o	ffice In Illinois.				
4.	Registered Agent	National Corporate Reserch	1, Ltd				
4.	Registered Agent	National Corpor≥te Reserch First Name	n, Ltd Middle Name	Le	ast Name		
4.	Registered Agent	National Corporate Reserch First Name 1 West Old State Capital Pi	n, Ltd Middle Name	Le Suite 805	nst Name		
4.	Registered Agent	National Corporate Reserch First Name 1 West Old State Capital Pi	n, Ltd Middle Name	Suite 805	est Name		
4.	Registered Agent	National Corporate Reserci First Name 1 West Old State Capital Pi	Middle Name	Suite 805	Suite #		

7. Purpose or purposes proposed to be pursued in transacting business in this state:

(If not sufficient space to cover this point, add one or more sheets of this size.)

Provide telecommunications services								
8.Au	Ithoriz	red and issued shares:		Number of Shar	res Number of Shares			
	Çlas	s Series	Par Value	Authorized	Issued			
con	nmor	1	.10	2,500,000	1,429,856			
9.	Paid ("Pa		566,690 terms Stated Capital	& Paid-In Surplus and i	is equal to the total of these accounts.)			
10.	(a)	Give an estimate of the corporation for the follow	total value of all the ving year.	property* of the	\$ 1,000,000			
	(b)	Give an estimate of the corporation for the follow	total value of all the ving year that will be lo	property* of the cated in lilinois:	\$ 10,006			
	(c)	State the estimated to transacted by it everywh	tal business of the content for the following ye	rporation to be ear:	\$ 500,000			
	(d)	State the estimated and transacted by it at or frilllnois:	nual business of the complexes of business	orporation to be in the State of	<u>, 50,000</u>			
11.	Inter	rogatories: (Important – t	nls section must be co	mpleted.)	100 West Luceme Plaza Orlando. FL 32801			
**	(a) (b) (c) (d) (e)	Number of shares of all Number of shares of all is the corporation trans-	classes owned by residualses owned by non- icling business in this s	dents of Illinois; 0 residents of Illinois; 1, tate at this time? No	ded for final acceptance: ,000 nmenced to transact business in Illinois:			
12.	This	application is accompanie the last ninety (90) days	ed by a certified copy of , by the proper officer of	the articles of incorpora of the state or country t	tion, as amended, duly authenticated, within wherein the corporation is incorporated.			
13.	The unde	undersigned corporation to er penalties of perjury, the	nas caused this stateme at the facts stated herei	nt to be signed by its du n are true. (All signatu	ly authorized officers, each of whom affirms, res must be in <u>BLACK INK</u> .)			
	0-4	Fit 114	1 1. a Des	Broadview Nel	tworks, Ingl.			
	Date 		Mile	- by Mun	xact Mame of Corpolation)			
	attes	sted by Signature of Sec	retabled Assistant Sec	retary) (Signatur	re of President or Vige President)			
		Terrence Ande		Vern Kenned				
		(Type or Pr	int Name and Title)		pe or Print Name and Title)			

- PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.
- When the response to #11(a) lists ONLY an illinois address, then the total business as reflected in #10(c) is also considered to be illinois business for the purpose of computing the illinois allocation factor. By signing this application, the corporation affirms that it is aware that the amount of paid-in capital, and consequently the amount of license fees and franchise taxes, may be proportionately higher due to the illinois address shown under #11(a).

State of New York Department of State

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

Witness my hand and seal of the Department of State on

MAR 01 2000



Special Deputy Secretary of State

DOS-1266 (5/96)

22	. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation?XYESNO See Attachment D.
30 8	
23.	. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. See Attachment E.
ŢĒ	(original terms)
24.	. Does Applicant utilize its own equipment and/or facilities?X_YESNO
ЦY	ES, please list: _Applicant does not current have any equipment or facilities located in the State of Illinois. Please see Attachment F.
If N	NO, which facility provider(s)'s services does Applicant use?
A Co	pplicant initially intends to resell services utilizing Ameritech, Frontier mmunications/Global Crossing or equivalent providers.
	Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service). Social services that are currently offered or are offered in the future by Ameritech in the State of Illinois. Long distance services, including outbound 1+, inbound 800/888 toll-free, calling cards and directory assistance. The company also intends to provide Digital subscriber line, ISDN, and other high capacity services.
26.	. Will technical personnel be available at all times to assist customers with service problems? XYESNO
27,	If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls?
	-

VERIFICATION

This application shall be verified under oath.

OATH

State of New York)
County of Queens)

Scott Matukas makes oath and says that he/she is <u>VP Administration</u>
(Insert here the name of affiant) (Insert the official title of the affiant)

of Broadview Networks, Inc.

(Insert here the exact legal title or name of the Applicant)

that he/she has examined the foregoing application and that to the best of his/her knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/

(Title of person authorized to administer oaths)

in the State and County above named, this affiday of

_ 2000.

(Signature of person authorized to administer oath

HENRY B. KATZ
NOTARY PUBLIC, STATE OF NEW YORK
COUNTY OF QUEENS
No. 02KA5078837
COMMISSION EXPIRES JUNE 2, 2001